



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

September 28, 2010

Approved
11/26/2010

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Jeffrey Goodman, <i>Co-Chair</i>	Kathy Watt, <i>Co-Chair</i>	Pamela Chiang	Jane Nachazel
Michael Green	Douglas Frye	Jorge Diaz	Glenda Pinney
Thelma James	Bradley Land	Aaron Fox	Craig Vincent-Jones
Ted Liso	Anna Long	Todd Kimmelman	
Abad Lopez		Scott Singer	
Quentin O'Brien		Jason Wise	
Tonya Washington-Hendricks			
			HIV EPI AND OAPP STAFF
			Juhua Wu

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Priorities and Planning (P&P) Committee Meeting Agenda, 9/28/2010
- 2) **Minutes:** Priorities and Planning (P&P) Committee Meeting Minutes, 8/17/2010
- 3) **Table:** Los Angeles County Commission on HIV, Priorities and Planning (P and P) Committee, FY 2010 Work Plan, 9/28/2010
- 4) **Spreadsheet:** Grant Year 20 Ryan White Part A & Single Allocation Model (SAM) Care Expenditures by Service Categories as of July 31, 2010, 9/27/2010
- 5) **Summary Key:** Ryan White Part A and B Expenditures by Service Categories, 6/17/2010
- 6) **Table:** County of Los Angeles Office of AIDS Programs and Policy, Maintenance of Effort Expenditures Report FY 2007 and FY 2008, 9/2010
- 7) **Memorandum:** Annual Meeting Agenda/Content, 8/10/2010
- 8) **Letter:** Condition Of Award, Endorsement of YR 19 Allocations, 9/30/2009
- 9) **Letter:** Condition Of Award, Endorsement of YR 20 Allocations, 5/27/2010
- 10) **Memorandum:** Request for Information for the 8/17/2010 and Subsequent P&P Committee and Subcommittee Meetings, 8/10/2010
- 11) **Letter:** Los Angeles Coordinated HIV Needs Assessment (LACHNA) - Care, 9/2010 (Draft)
- 12) **Table:** Nutrition Support Study and Needs Assessment, 10/14/2009 (updated 3/23/2010)
- 13) **Memorandum:** Hospice and Skilled Nursing Study, 8/12/2010
- 14) **Memorandum:** SPA 1 Priorities and Allocation Plan, 5/1/2009
- 15) **Report:** 2005 Reassessment of 2002 Geographic Estimate of Need, 7/2005
- 16) **Outline:** Los Angeles County Commission on HIV, Data Summit Outline, 9/28/2010

1. **CALL TO ORDER:** Mr. Goodman called the meeting to order at 1:45 pm.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order with Items 13, 15, 18, 21 and 22 postponed (***Passed by Consensus***).
3. **APPROVAL OF MEETING MINUTES:**

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MOTION #2: Approve the 8/17/2010 Priorities and Planning (P&P) Committee Meeting Minutes, as presented (***Passed by Consensus***).

4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.

5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.

6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.

7. **CO-CHAIRS' REPORT:**

A. **Committee Work Plan:** Mr. Goodman noted the work plan was in the packet for routine review. Population impacts/indicators were not finalized, but would be completed shortly.

8. **FY 2010 EXPENDITURES:**

A. **Maintenance of Effort (MOE):**

- Mr. Vincent-Jones noted HRSA expanded reportable funds to include more County expenditures, so the table does not compare with prior years. Dr. Green said expenditure reports detail NCC. Mr. Vincent-Jones responded that it did not detail the origin or use of the County funds.
- Mr. Vincent-Jones asked if the \$4 million listed each for direct services and administration in the expenditure report was the entirety of the NCC contribution. Dr. Green responded that it was.
- ➡ Dave Young, Chief, Financial Services Division, will report on MOE as it relates to NCC expenditures for a year-over-year comparison in October. Dr. Green, Mr. Young and Mr. Vincent-Jones will conference call on information for the report.

B. **Medical Outpatient/Specialty:** Dr. Green confirmed the final estimate for the total annual cost of Therapeutic Monitoring was \$2.1 million.

C. **Minority AIDS Initiative (MAI):**

- Mr. Vincent-Jones referred the Committee to the 8/10/2010 Request for Information memorandum to OAPP in the packet. Pages 4 and 5 detailed the MAI information the Committee requested, and the Committee had absorbed the responsibilities of the former MAI Subcommittee. Some of the information will be separated into MAI expenditure reports under development. He reiterated the request for a presentation at the next meeting as a full review has not been given to the Committee in years.
- ➡ OAPP will provide an update at the next meeting. The agenda will provide a suitable presentation time.

9. **ANNUAL MEETING:**

- Mr. Vincent-Jones reported that the first meeting was intended to start the CCP planning process with draft goals and objectives that could be presented at the Annual Meeting. They have often been developed last rather than using them to form the CCP. This format will also foster more community input.
- At the Annual Meeting following the CCP review, the new committee handbooks will be reviewed. These are part of the Comprehensive Training Program (CTP) and will familiarize Commission members with each committee's functions and responsibilities and guide decisions about implementation of various plans.
- The afternoon will update responsible committee draft plans for the three Commission initiatives: Unmet Need (P&P); Testing and Linkage to Care (TLC+) plus Treatment (Commission/PPC Integration Task Force); and Health Care Reform (JPP). The Unmet Need Plan will be updated as some of its goals have already been fulfilled. The other two initiatives are new. All will be used to inform the CCP goals and objectives.

A. **Comprehensive Care Plan (CCP):** This has not been routinely integrated into Commission work, so many are unfamiliar with the current three-year plan due to expire in 2011. The CCP Subcommittee has not outlined the review, but it is likely to include: outline of the CCP process, Ryan White expectations, CCP coordinating role, Commission CCP use, and the Continuum of Care (CoC), which should be completed at about the same time.

B. **Unmet Need:** There was no additional discussion.

10. FY 2010 PRIORITY- AND ALLOCATION-SETTING PROCESS:

A. Letter of Concurrence:

- Mr. Vincent-Jones said the Commission is required to write an annual letter in May for a Condition Of Award (COA) and another in September to accompany the application. The letters certify compliance with priorities and allocations, among other assurances.
- The Commission's 5/27/2010 letter noted Benefits Specialty and Health Insurance Premiums/Cost-Sharing were not yet implemented, but should be by the end of FY 2010. Since then it had become apparent that it will not occur.
- Dr. Green said the two letters served different purposes. The letter that goes with the application is to verify compliance with the allocations while the May letter ensures expenditures consistent with the allocations.
- Given Dr. Green's comments, the September 2010 letter will not illuminate a delay implementing the service categories.

B. Benefits Specialty: Dr. Green could not provide information on the RFP currently because the solicitation process is still , ongoing but more information should be available in October.

C. Health Insurance Premiums/Cost-Sharing:

- Dr. Green reported OAPP is working with Julie Cross and should have the Scope of Work finalized by the week's end.
- He asked the HRSA Project Officer whether the category could be used for Medicare or Medicaid/Medi-Cal premiums. She replied it could, although it cannot be used for ADAP-covered Medicare Part D premiums or co-pays related to medication. Dr. Green requested written confirmation, but Ms. Cross is already incorporating this information into her Scope of Work.
- She is also estimating the Medicare-Medicaid/Medi-Cal population in the system and its potential premium cost.
- Mr. Goodman noted, as a pilot program, the service category allocation was an estimate. He felt so much might be covered that total cost could exceed resources and asked if there would be community input on the final program's structure.
- Dr. Green said areas that could be covered were restricted to private insurance and Medicare-Medicaid/Medi-Cal premiums, plus some shares-of-cost depending on the service definition. Co-pays would be too hard to track, but might eventually be addressed with Direct Emergency Financial Assistance (DEFA), which now has no allocation.
- Mr. Vincent-Jones thought DEFA was restricted to such things as rent/utilities and was a supportive service not applicable to medical services. Dr. Green replied the DEFA definition does not preclude shares-of-cost. Health Insurance Premiums/Cost-Sharing funds can also be used, but the County system makes it impracticable to track costs unlike systems where providers directly bill jurisdictions.
- Mr. Singer said there is a population of fairly ill individuals who have Medi-Cal, but who cannot access Case Management, Home-Based services since they cannot afford Medi-Cal shares-of-cost. If the service category could cover some of those costs, they could be transferred to Medicaid Waiver and consequently open Case Management, Home-Based slots for others in greater need.
- ➡ Dr. Green will bring estimates on premium and possible out-of-pocket costs to P&P for discussion on the allocation.

11. FY 2011 PRIORITY- AND ALLOCATION-SETTING PROCESS:

A. Data Management:

- Dr. Green reported that the RFP had to go through the County's Chief Information Office (CIO). He revised it after CIO review to clarify data management for HIV Testing/Counseling and Health Education/Risk Reduction services.
- The RFP will go to County Counsel for review by the end of the week and will be reviewed once more by the CIO. Each of those reviews should take about one week. The RFP will be released after that.

B. Medicare Care Coordination (MCC): Dr. Green did not expect delays in issuing the Data Management RFP to impact MCC. The new system will likely be identified before MCC contractors, but the current system can also support MCC.

12. FY 2012 PRIORITY- AND ALLOCATION-SETTING PROCESS:

A. Define Goals and Objectives:

- Mr. Goodman said the next cycle starts in November so decisions can go to OAPP in April, providing time to implement them. Mr. Vincent-Jones noted the cycle has been delayed by extenuating circumstances the last several years.

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- P&P planned to develop goals and objectives in October. Mr. Goodman said the first question is whether everything is needed this year, e.g., forums and priority-setting, given the last process just ended and most data will be the same.
- Mr. Singer said he would not be able to attend the October meeting, but felt the full process should be bi- or tri-annual.
- ➡ Mr. Vincent-Jones will e-mail an updated Program/Planning Brief to P&P before the October meeting for review.

B. Program/Planning Brief: There was no additional discussion.

13. LOS ANGELES COUNTYWIDE HIV NEEDS ASSESSMENT – CARE (LACHNA – CARE):

- Ms. Pinney reported the IRB has been submitted. Approval is expected relatively quickly.
- The survey instrument is being finalized with input from Commissioner consumers and staff.
- A draft of the letter that will be sent to providers was in the packet. The HIV Epidemiology Program (HEP) is using a sampling methodology to select providers and will coordinate client recruitment and interviews.
- Mr. Vincent-Jones noted the last LACHNA attempted to sample every site, but not all providers participated. The current methodology began with all PWH and then randomly selected providers by size. Selected providers will be required to participate.
- Mr. O'Brien expressed concern about varying emphases, e.g., transportation is more important in the Antelope Valley.
- Mr. Vincent-Jones noted some populations were oversampled last time and will be this time because limited data from some populations would not be viable otherwise. Weighting is used to assure oversampling or SPA location does not skew other data.
- There are discussions with HEP about conducting focus groups after LACHNA for qualitative data on select populations.
- ➡ Dr. Amy Wohl, HEP, will explain the sampling methodology at the October meeting.

A. Pol #09.5201: Consumer Needs Assessment: This item was postponed.

B. Pol #04.2001: Commission and HIV Epi Program: This item was postponed.

14. NUTRITION SUPPORT STUDY:

- Ms. Pinney said the Work Group met the prior week to review the current plan. Questions were identified on client burden and are being integrated into LACHNA. The next meeting will be 9/30/2010 to develop provider survey questions.
- ➡ Ms. Watt will be added to the work group.

15. HOSPICE AND SKILLED NURSING STUDY: Notes from the Work Group's last meeting on 8/12/2010 meeting were in the packet.

16. ADVERSITY SECTORS/FUNDING THRESHOLD:

- Mr. Goodman noted the 5/1/2009 SPA 1 Priorities and Allocation Plan in the packet. A Subcommittee is planned for review.
- Mr. Vincent-Jones said review will explore whether resources should be directed to areas or populations based on need, consistent with advice from HRSA guidance.
- The funding threshold issue is to determine whether allocations below a certain point are too low to be effective.
- ➡ Start Resource Analysis Subcommittee in November with: Mr. Goodman, Ms. James, Mr. Liso, Mr. O'Brien, Ms. Washington-Hendricks, Mr. Wise and Ms. Wu combining the proposed Adversity Sector/Funding Threshold and GEN Subcommittees.

A. SPA 1 Allocation Plan Implementation: There was no additional discussion.

17. GEOGRAPHIC ESTIMATE OF NEED (GEN) FORMULA: Mr. Vincent-Jones noted the 2002 formula used prevalence, incidence and poverty. Disease burden was added when the formula was reviewed in 2005, but the revised formula was not implemented. It was decided to review the formula when questions arose during development of the SPA 1 Priorities and Allocation Plan.

18. PROCUREMENT/SOLICITATION PROCESS REFORM: This item was postponed.

19. MEDICAL TRANSPORTATION UTILIZATION: Dr. Green said there was no additional update since the previous month.

20. ORAL HEALTH (OH) CARE:

- Mr. Vincent-Jones reported providers have said they could increase services if they could hire more people. OAPP has said current spending levels were artificially elevated due to carried over funds and MAI overlap from the grant cycle change. The Commission had agreed to discuss whether to make a firm spending level commitment to enable more hires.
- Dr. Green said budget modifications can be used for more staff, but providers want long-term funding assurance to maintain them. Mr. Vincent-Jones noted reports of rejected modifications, so there seems to be miscommunication.
- Mr. Singer noted the Oral Health recruitment process is long, so lack of a long-term commitment is especially problematic. He added there have been many changes affecting this category, e.g., more unemployed and Denti-Cal cuts.
- ➡ Initiate Oral Health Work Group to address all aspects of issue including funding and other approaches with: Mr. Goodman, Ms. James, Mr. Liso, Mr. Lopez, Carlos Vega-Matos, Mr. Wise and one representative from each of the six providers.

21. MONITORING GOALS/OBJECTIVES: This item was postponed.

22. OTHER STREAMS OF FUNDING: This item was postponed.

23. NEXT STEPS:

- ➡ Initiate Data Summit Work Group for an all-day December/January meeting. Mr. Fox will participate.

24. ANNOUNCEMENTS: There were no announcements.

25. ADJOURNMENT: The meeting was adjourned at 3:30 pm.